



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES October 8, 2009

Approved
1/14/2010

MEMBERS PRESENT	MEMBERS PRESENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Jenny O'Malley	Robert Boller	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Everardo Orozco/Ron Osorio	Camila Crespo	Mary Orticke
Sergio Aviña	Dean Page	Phil Curtis	Carlos Vega-Matos
Al Ballesteros	Angélica Palmeros	Thanh Doan	Juhua Wu
Carrie Broadus	Mario Pérez	Kevin Farrell	Dave Young
Robert Butler	Karen Peterson	Miguel Fernandez	
Fredy Ceja	Jennifer Sayles	Susan Forrest	
James Chud	Stephen Simon	Miki Jackson	COMMISSION STAFF/CONSULTANTS
Eric Daar	Robert Sotomayor	David Kelly	
Nettie DeAugustine	Kathy Watt	Joseph Leahy	Julie Cross
Whitney Engeran-Cordova	Fariba Younai	Arleen Leibowitz	Carolyn Echols-Watson
Douglas Frye		Ingrid Marchus	Dawn McClendon
David Giugni		Michael Meagher	Jane Nachazel
Terry Goddard	MEMBERS ABSENT	Joanne Oliver	Glenda Pinney
Jeffrey Goodman	Everett Alexander	Ric Parish	Doris Reed
Michael Johnson	Anna Long	Clarissa Poole-Sims	James Stewart
Lee Kochems	Chris Villa	Natalie Sanchez	Craig Vincent-Jones
Bradley Land		Franaseo Valdéz	Nicole Werner
Ted Liso		Silvia Valerio	
Quentin O'Brien		Sharon White	

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:10 am. He introduced new commissioners:
 - Roll Call (Present):** Aviña, Ballesteros, Braswell, Butler, Ceja, Daar, Engeran-Cordova, Frye, Giugni, Goddard, Goodman, Johnson, Kochems, Land, Liso, O'Brien, O'Malley, Osorio, Page, Palmeros, Pérez, Sayles, Simon, Watt
- APPROVAL OF AGENDA:**

MOTION 1: Approve the Agenda Order with Item 17.B.2. withdrawn (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

MOTION 2: Approve the minutes from the August 13, 2009 Commission on HIV meeting (*Passed by Consensus*).
- CONSENT CALENDAR:**

MOTION 3: Approve the Consent Calendar with Motions 4, 5 and 8 pulled for later consideration and Motion 6 withdrawn (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** There was no report.

6. PUBLIC COMMENT, NON-AGENDIZED: There were no comments.

7. COMMISSION COMMENT, NON-AGENDIZED: Mr. Pérez, Director, Office of AIDS Programs and Policy (OAPP), welcomed Clarissa Poole-Sims, Acting Chief, CARE Branch, State Office of AIDS (OA).

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. Evaluation of State Budget Cut Impact:

- Mr. Farrell and Dr. Leibowitz, Center for HIV Identification, Prevention and Treatment Services (CHIPTS), UCLA presented on the California Center for HIV/AIDS Policy Research. Prior to budget cuts, the California HIV Research Program (CHRP) initiated an RFA to establish a policy center in association with Visioning Change. UCSF also applied. CHRP asked the two to develop a joint proposal with distinct responsibilities, and it was accepted in April 2009.
- Goals are to: bring most relevant evidence to HIV policy-making; help develop and maintain efficient, accessible, quality programs inclusive of diverse populations; focus on evidence-based approaches to HIV prevention, treatment and care.
- The Rapid Response Core will address emerging issues like budget cuts. The Policy Research Core is informed with a Research Advisory Committee of HIV/AIDS researchers on substance use, minorities, prisons, gangs and families.
- A joint UCLA-UCSF Policy Research Advisory Committee will meet or teleconference six times annually to provide community-based input. ADAP will be an early focus due to budget vulnerability and the need among vulnerable groups.
- UCLA will focus on State policy while UCSF will focus on national policies like health reform. There is concern health reform will not cover the undocumented and may also reduce other Federal assistance to the uninsured.
- Research will quantify total public funding, identify underserved areas/populations, and evaluate access/quality of care. It will also analyze funding cut effects: allocated funds and county/planning body responses; PWH identification changes over time; cuts across counties and effects on treatment/drug treatment/support; compare AIDS and death registries.
- Research is funded for two-and-one-half more years, but CHIPTS is also seeking expanded funding for broader goals.
- Outcomes will include publishing research and op-ed articles; briefings for OA, the Legislature's Legislative Analyst Office and other national, state and local policy makers; and policy changes implemented.
- CHIPTS developed a Mapping Project on HIV/AIDS public funding streams for Visioning Change. It tracks county spending patterns for testing, treatment, support, pharmaceuticals and prevention/risk reduction.
- Mapping Project data will be updated and detailed with Medicare, Medi-Cal and Medicaid data added. Data can be used to identify underserved communities, barriers, effects on care of varying funding sources and quality of care. Current data is for 2007-2008. Data is not on an open server, but CHIPTS can do runs to answer questions.
- APLA is the UCLA community partner and main consumer data source. Project Inform and the San Francisco AIDS Foundation are community partners for UCSF. Consumers are on the Policy Advisory Committee.
- Several noted the importance of other data sources such as medical providers, on drug users, on the undiagnosed and how PWH navigate system changes. CHIPTS welcomes other data sources and possible Los Angeles and San Francisco forums.
- Mr. Pérez said OAPP gave CHIPTS a letter of recommendation and Kyle Baker is on the Policy Advisory Committee, but he is concerned it will become a redundant planning system. Current data has not translated into policy and smaller counties cannot collect comprehensive data or plan an HIV/AIDS response now. He also asked how CHIPTS would maintain its objectivity.
- Rather than reports or forums, he felt outcomes should address ADAP and client level health data, e.g., PWH entering care late, access, disparities, adherence, poor health indicators for women of color, and high crystal meth use.
- ➡ Refer California Center for HIV/AIDS Policy Research for JPP Committee on-going review with a focus on client level outcomes. Mr. Vincent-Jones will request a representative from the body to apply for JPP Committee membership. He will also forward contact information to the Commission and add a contact slide to the packet presentation.

B. Miscellaneous:

- Mr. Pérez reported OAPP has done two series of MOU edits and recommended changes, but he has not yet reviewed them.

9. CO-CHAIRS' REPORT:

- A. **Ryan White Letter of Concurrence:** This HRSA-required letter confirms OAPP YR 19 revised allocations and procurement are concurrent with Commission priorities and allocations. The letter is in the packet.
- B. **Joint Integrated Commission/PPC Task Force:** A letter in the packet updates Task Force representation and planning.
- C. **Annual Meeting 2009:** The all-day Annual Meeting will be 11/12/3009 at the California Endowment.

10. EXECUTIVE DIRECTOR'S REPORT:

A. HRSA Guidance:

- Mr. Vincent-Jones said that he had received numerous calls about HINI. HRSA guidance on H1N1 and HIV/AIDS was included in the packet. NMAC will host an H1N1 conference call 10/9/2009 at 11:00 am. Ms. DeAugustine said the City of Long Beach and the County Department of Public Health also have HINI information.
- HRSA has updated eligible service definitions. It clarifies Medical Nutrition Therapy and Medical Transportation. The Commission's standards of Care are already concurrent with the clarified definitions.

B. Dental Services Brief: A Policy Brief is being developed. It will note need, identify providers and detail provider services.

11. STATE OFFICE OF AIDS (OA) REPORT:

- Ms. Poole-Sims reported the original three programs of Early Intervention, Care Services and Case Management have been merged into one, the HIV Care Program, due to budget reductions. Twenty staff, including an entire section, have been cut.
- The Master Agreement Scope of Work and budget guidelines will be released 10/9/2009.
- CARE/HIPP open enrollment will be 11/15-12/31/2009. Part D premium payment applications are on the OA website.
- The White House Office of National AIDS Policy (ONAP) will hold three community strategy discussions in California: San Francisco, 10/16/2009; Los Angeles, Hollywood High School, 10/18/2009, 4:30 pm; Oakland, 11/1/2009. Online testimony will be accepted through 11/13/2009. The Commission will distribute a Policy Brief with more information 10/09/2009.
- Many emphasized State cuts have severely hurt the County with consumers losing services and hope and staff losing jobs. Ms. Watt added consumers are confused by system changes and need staff assistance to adapt.
- Several noted communication with the State has been poor overall and information received is often contradictory.
- Ms. Broadus added other high risk populations are also sustaining cuts, e.g., alcohol and drug programs have been slashed 30% - 72%, and up to 40,000 prisoners are likely to be released with 62% coming to Los Angeles County. She advocated looking at the system as a whole including how other programs interact with the HIV/AIDS system of care.
- Ms. Poole-Sims will review the meeting tape and look into an 800 number for comments. Comments can now be sent via the OA website.
- Regarding the Medi-Cal Working Disabled Program, Ms. Cross said the program for those up to 250% FPL was renewed.
- Invite legislators to attend Commission meetings and follow-up with office visits.
- Consumer Caucus will develop advocacy training and collect consumer stories on the effect of cuts.
- Add the National Census and State term limits to the JPP agenda to increase effective representation.

12. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

A. Ryan White Part A FY 2010 Application: Mr. Pérez reported work on the application is ongoing.

B. FY 2009 Funding Cuts Implementation:

- Mr. Pérez said the Board approved contract reductions 9/15/2009 to several categories. Four will sunset 10/15/2009.
- New prevention portfolio contracts began 10/1/2009. They will be in place for several years which provides stability.
- Care and treatment services are less stable. RFPs are being refined for Medical Services, Benefits Specialty, Residential Services and eventually Home-Based Case Management. RFPs are posted on the OAPP website once they are in effect.
- A \$2.9 million reduction in OAPP and Commission administrative costs is being implemented. OAPP planned to effect about 33 staffing reductions by 1/1/2010 but, due to the severity of cuts, expects to implement them in November.
- Mr. Vincent-Jones added the Executive Office and Public Health are negotiating Commission position cuts. The timeline will likely be consistent with the OAPP timeline. Other reductions were achieved by reducing planned activities.

B. Miscellaneous:

- Mr. Pérez noted that the CDC application had been submitted the previous week. He regretted it was not competitive as the County's system is excellent, but anticipates at least the \$12.6 million current investment.
- There are no plans for ONAP to meet separately with OAPP. They are scheduled to arrive shortly before the public meeting.

14. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye, Director of the HIV Epi Program, reported surveillance has gone live with eHARS. Data has not been sent to the State due to technology issues and OA staff reductions. A County staff person is going to Sacramento to help with County surveillance data.
- Long Beach connected with the County to directly enter eHARS data. Statewide implementation is expected in March 2010.
- The State Research Branch has been decimated, but County research continues. Current studies include the Jail Transition Study with OAPP and My Life/My Style on intervention. There was a delay in approval to hire RA Is for the care-based Morbidity Monitoring Project (MMP), but the CDC applied pressure and the hiring process is moving forward again.
- The 200-page Epidemiology Profile will be released shortly. It includes research, surveillance and County information.

- The national Heterosexual Risk Category Study is in evaluation. Results are expected in 2010. A woman is now “at risk” if she has had sex with a man with a known risk factor. The new category will include any sex with a man. County data can be distributed variously, e.g., “unidentified risk” is 25%, but “presumed heterosexual risk” is two-thirds among women.

15. PREVENTION PLANNING COMMITTEE REPORT:

- Stephen Simon presented on “Harm Reduction and Syringe Access Programs in the City and County of Los Angeles.” Over one million syringes are removed from the streets annually with improved City/County, police and community cooperation.
- PPC Co-Chairs reviewed Joint Integrated Commission/PPC Task Force work. PPC members: Co-Chairs AJ King and Terry Smith plus Cesar Cuadra. Commission members: P&P Committee Co-Chairs Mr. Johnson and Ms. Watt plus Mr. Aviña.
- Sophia Rumanes presented on Health Education/Risk Reduction contract recommendations being implemented in October.
- AIDS Research Alliance is now an official HIV vaccine trial network site. It is the first in the County and is seeking participants. Criteria are: MSM, 18- to 45-years-old, circumcised, HIV- and negative for a particular strain of flu.
- The PPC approved and forwarded to OAPP the Legislative Agenda – 2010 developed by the Joint Public Policy Committee. It recommends strengthening language on preservation of prevention and testing funds, but no specific language the Commission might review. Mr. Kochems noted last year separate documents went forward from the Commission and PPC. Mr. Pérez added the County routinely seeks to preserve funds. Mr. Baker represents HIV/AIDS interests.

16. BENEFITS REPORT:

A. ADAP Summit:

- Ms. Cross said ADAP will likely be at risk for the FY 2010 State budget. The FY 2009 budget cut ADAP \$25.5 million, but rebate funds backfilled cuts. Those funds will be expended by FY 2010 and demand is increasing.
- A statewide ADAP Summit is being planned for early November 2009 with community and expert representatives. Pharmaceutical companies have not been invited so as to discuss possible price negotiations freely. Lanny Cross, former Director, ADAP, New York, will present. He pioneered drug pricing and will provide national expertise.

B. Health Reform:

- Ms. Cross said there are three House and two Senate bills. The bodies expect to complete merging their bills in October. A House/Senate conference committee will develop a final bill in November for Presidential action by Christmas 2009.
- All versions include areas of interest to PWH, such as expansion of Medicaid and cost-effective changes to Medicare. A key provision in all versions would allow ADAP to count toward Medicare Part D’s TrOOP.
- Statewide reform bills are designed to better position California to increase effectiveness once national reform is passed.

17. STANDING COMMITTEE REPORTS:

- A. Priorities & Planning (P&P) Committee:** The next meeting will consider FY 2010 budget revisions to ensure consistency with the revised FY 2009 budget. The meeting will be 10/27/2009, 1:30 to 4:30 pm.

1. Minority AIDS Initiative Plan:

- Ms. Broadus, Chair, MAI Subcommittee, noted MAI focuses on people of color to: reach, diagnose and enter PWH in care; increase their access to care; improve their maintenance in care; and reduce their health outcome disparities.
- The FY 2007-2009 Plan significantly shifted allocations. The Subcommittee agreed the categories remained key: Early Intervention (EIS/EIP), to improve access to care; Medical Case Management (MCM), to support entry into, maintenance and adherence to care; Oral Health Care, to increase availability of the full range of dental services.
- Continuing categories allows them to reach full potential as there were delays in implementing the new MAI system.
- Mr. Vincent-Jones clarified types of “recommendations”, acknowledging that P&P is recommending specific actions for Commission approval. HRSA and County Ordinance assign planning councils the responsibility to determine “allocations” as well as “directives” to employ them to best meet the need as part of the priorities and allocation process.
- Recommendations, directives and guidance focus on under-represented MAI populations based on OAPP data.
- The MAI Plan includes the following recommendations, directives and guidance to OAPP:
 - a. Set minimum goals for women representative of their number/percentage in the total population.
 - b. Contract EIP with agencies that primarily serve Asian/Pacific Islanders to increase their access to medical care.
 - c. Require MAI-funded EIP and MCM to develop and implement outreach to disenfranchised populations, including those testing HIV+ in emergency rooms and the post-incarcerated.
 - d. Require MAI providers to incorporate education outcome measures appropriate for the service and client.
 - e. Identify and mitigate access variances to quality Oral Health Care and develop solutions for care discrepancies.
- The Plan directs the Commission to review EIS/EIP Standards of Care, if needed, for comprehensive, seamless service within the same program inclusive of the Plan and OAPP reporting activities. Revise MAI Plan accordingly.

- Next steps are to determine process and health outcomes for each service and to finalize a Benchmarks and Outcomes Tool to measure implementation effectiveness.

Service Category	FY 2010 Funding Allocation From Service Funding
Early Intervention	35%
Medical Case Management	45%
Oral Health Care	20%
Total	100% of service funding*
* Up to an additional 10% of the MAI grant may be used for administrative purposes, and additional funds for quality management purposes.	

- Commissioners stated Ryan White Part A conflicts of interest.
- Mr. Engeran-Cordova recommended non-gay-identified MSM of color should be addressed in implementation.
- Mr. Céja suggested foci on monolingual Spanish speakers and culturally sensitive, linguistically appropriate services, but it was noted these areas are addressed in all Standards of Care. Mr. Pérez pointed out MAI is a \$2.8 million investment in an HIV/AIDS system with an approximately \$40 million care and treatment investment from multiple revenue streams. People of color are served throughout the system.
- MAI addresses remaining gaps among sub-populations: EIP, outreach to those most likely to be diagnosed late; MCM, help to stay in care for those most likely to drop out; Oral Health Care, disproportionate access issues.

MOTION 4A (Broadus/Page): Call the question (*Passed by Consensus*).

MOTION 4B: Approve the FY 2010-FY 2012 Minority AIDS Initiative (MAI) plan, as presented (*Passed by Consensus*).

2. **Special Populations:**

- Mr. Goodman noted a memorandum in the packet on the existing 14 Special Populations and the proposed addition of people older than 50 as a new special population.
- The common “long-term survivor” research definition is 20 years or more.
- Dr. Frye noted data shows that both of the targeted older populations (long-term survivors and newly diagnosed) are increasing and have special needs.

MOTION 5A (Broadus/Page): Call the question (*Passed by Consensus*).

MOTION 5B: Approve the People with HIV 50 or older (especially long-term survivors and newly infected/diagnosed) as a Commission-designated special population, as presented (*Passed by Consensus*).

3. **P- and A- Process Procedure Revision:** The revision is a technical change to clarify the endpoint for an appeal process.

B. **Standards of Care (SOC) Committee:**

- Case Management, Housing Standard of Care:** This was opened for public comment. A presentation was in the packet.
- Grievance Policy and Procedure:** This item was postponed.

MOTION #6: Approve the Grievance Policy and Procedure, as presented (*Withdrawn*).

3. **Committee Membership Nomination:**

MOTION #7: Nominate Louis Guitron for Standards of Care Committee membership and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).

4. **Evaluation of Service Effectiveness:**

- Mr. Vincent-Jones said Ryan White legislation and County Ordinance designate Evaluation of Service Effectiveness (ESE) as a planning council responsibility. HRSA has no precedents, so SOC initiated its own model.
- ESE is consistent with the Federal emphasis on comparative effectiveness and the new Continuum of Care.
- SOC has defined ESE as answering the following questions: Is the system of care effective? Are services provided effectively? Are services provided cost-effectively? A Medical Cluster scorecard with narrative is planned by January 2010 to evaluate individual service categories and the whole cluster of services, but not providers.
- The Medical Cluster was chosen as it encompasses core categories that are key for clients and it has the best data. It includes Medical Outpatient/Specialty, Pharmaceutical Services, Oral Health and Mental Health/Psychiatry. Health Insurance Premiums/Cost Sharing is part of this Cluster, but will not be evaluated as it has not yet been launched.
- There are three types of measures: System Effectiveness, population-level health outcomes; Service Effectiveness, intervention-level patient outcomes; Cost Effectiveness, cost efficiency in achieving health and patient outcomes.
- Balanced scorecards measure how indicators link to four domains. The domains, dimensions within them and SOC-assigned weights are: Customer, 10% – Consumer Satisfaction; Internal, 50% – Productivity (Health Outcomes,

40%), Engagement (Patient Outcomes, 50%) and Unmet Need, 10%; Financial, 30% – Efficiency; and Innovation/ Learning and Growth, 10% – Best Practices. SOC has developed indicators and weights for the first three, and is working on the remainder of them.

- On-going work includes compiling customer satisfaction data from LACHNA, developing the financial model, identifying best practices from a literature review and developing a provider best practices survey. As work continues it will inform next year's ESE of a different cluster and data collection processes like LACHNA.
- ESE contributes to Quality Management (QM). It is a snapshot of service categories and system of care versus QM continuous measurement and improvement of providers and delivery. It can help inform QM focus on effectiveness gaps and help define/align consumer and provider service expectations. Repeated ESE offers comparison over time.
- The packet included the PowerPoint, the ESE Methodology, Plan and Timeline, and Financial Model.
- Mr. Pérez disputed ESE need in lieu of OAPP QM work. He felt overall Commission work unduly burdens OAPP and is unrealistic for providers. He especially noted work in the last year on Standards of Care, which he said could not be fully implemented, and Medical Care Coordination, which he felt could not be implemented per the timeline. He called for a discussion on respective Commission and OAPP missions to best leverage shrinking resources.
- Mr. Vincent-Jones and others noted OAPP staff has participated with the Commission in developing and implementing all of the initiatives Mr. Pérez singled out, and that they are all consistent with legislative and County mandates for planning, evaluation and allocations. He noted that Mr. Pérez' interpretation of the role of standards was inaccurate, and they were required to implement them. He added that the Commission has always been willing to revisit the standards when there were corrections to be made, that the medical outpatient standard was currently undergoing review, and that SOC had not received any comments from OAPP.
- He added that OAPP staff have confirmed in Committee meetings that standards are incorporated in provider contracts. They were created with understanding of local service provision practicalities and revised per public comments, including, in previous versions, those from OAPP. The Commission has been sensitive to OAPP burdens and used other resources like for the ESE. MCC has been on the table for years and does appear to be moving forward.
- ➡ Mr. Vincent-Jones will email Ryan White legislation pertinent to Commission roles and a copy of the ESE PowerPoint to all Commissioners.

MOTION 7A (Broadus/Sotomayor): Extend meeting for 15 minutes (*Passed by Consensus*).

MOTION 7B (Broadus/Sotomayor): Postpone discussion of relationship between the Commission and OAPP and related initiatives like ESE, Standards of Care and MCC (*Passed by Consensus*).

5. **Medical Care Coordination (MCC) TA:** Dr. Younai reported there have been four MCC Transition Advisory Group meetings to date. Commissioners are members of the Group. Minutes are in the packet.

C. Joint Public Policy (JPP) Committee:

- A 9/17/2009 Board Letter in the packet updates Public Health activities regarding STDs in the Adult Film Industry.
- The updated Public Policy Issues Docket – 2009 is in the packet.
- 1. **Legislative Agenda 2010:**
 - No current bill would revise Medi-Cal share of cost formulae. The Committee recommends review because the formula is outdated.
 - Mr. Kochems noted there was extensive discussion at the PPC on language to prevent further prevention cuts, but specific language was not clear. PPC recommendations go to OAPP for review before going to the Board.
 - Mr. Vincent-Jones felt specific language to prevent prevention cuts could imply care/treatment cuts are acceptable.
 - Mr. Simon supported the agenda, but felt strengthened language to prevent cuts to prevention would better balance with existing language to protect care and treatment.
 - Mr. Stewart noted the document can be adopted and amended later, as needed.

MOTION #8: Adopt the 2010 Legislative Agenda, as presented (*Passed by Consensus*).

2. **Ryan White Reauthorization:**

- Mr. Engeran-Cordova indicated that a copy of the Senate Health Committee bill was in the packet. It is the primary bill under consideration and has bipartisan support. It is similar to, and a revision of, existing legislation that was scheduled to sunset 10/1/2009. A Continuing Resolution was passed to maintain services through the end of 10/2009.
- The bill would maintain hold harmless with fluctuations from 92% to 100% over the four-year life of the bill.
- There are allowances for states converting from code-based to name-based reporting for the first three years.
- Unobligated funds that can be retained have been raised from 2% to 5%, especially assisting smaller jurisdictions.
- The bill sets a national goal of 5 million HIV tests per year. There are reporting triggers to HRSA on efforts to find the undiagnosed. Analysis and accountability for undiagnosed HIV in communities will be part of applications.

3. **State Budget 2009/10 and 2010/11:** An updated Policy Brief was in the packet.

4. **National HIV/AIDS Commission Discussion:** There was no report.

D. Operations Committee:

- Mr. Johnson noted there are seven new members increasing the need for training and mentoring. "Each one; teach one."
- He emphasized the renewal self-assessment is very important for member evaluation and to help assess training needs.
- Overdue renewal applications: Mr. Aviña, Ms. Broadus, Mr. Butler, Mr. Kochems, Mr. Page, Ms. Palmeros.

1. **Member Nomination:**

MOTION #9: Nominate Terry Goddard for the SPA 3 Consumer alternate seat and forward to the Board of Supervisors for appointment (*Passed as part of the Consent Calendar*).

20. CONSUMER CAUCUS REPORT:

A. SPAs 6/8 Consumer HIV Services Round Table:

- The SPAs 6 and 8 "HIV Services Round Table" will be 10/13/2009, 5:30 to 9:00 pm, Miller Family Health Education Center, 3820 Cherry Avenue, Long Beach. Dinner is provided. RSVP to Nicole Werner, nwerner@lachiv.org.
- The Caucus met following the Commission meeting.

21. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

22. TASK FORCE REPORTS:

A. Commission Task Forces: There were no reports.

B. Community Task Forces:

1. **Latino Caucus:** Mr. Aviña, Co-Chair, said the next meeting is 10/16/2009, 10:00 am. All are invited.
2. **Task Force Outreach:** There were no reports.

23. SPA/DISTRICT REPORTS:

- **SPA 2:** Mr. Chud said monthly meetings continue, including trainings. A candidate will be forwarded for the Provider seat.
- **SPA 6:** Ms. White said consumers feel hopeless. She is working to identify a nominee for the long-vacant SPA 6 Consumer seat. A concerted effort is also needed to coordinate consumer representation at the ONAP community meeting 10/18/2009. A new plan of action is needed to coordinate consumers since SPA funding was eliminated.

24. COMMISSION COMMENT: There were no comments.

25. ANNOUNCEMENTS:

- The Antelope Valley AIDS Walk was 10/10/2009. A sign-up sheet for that as well as AV resource cards was in the back.
- The City of Los Angeles has released an HIV rapid testing RFP for clinics already engaged in testing to increase the number and populations of clients tested. The bidders' conference was 10/13/2009, starting at 9:00 am.
- The 19th Annual Divas Simply singing was 10/10/2009. Women Alive will benefit for the fourth year.
- The Gas Company is offering free energy audits. Free improvements like weather stripping and furnaces are also available.
- Mr. Braswell noted consumer participation in the 2010 Census is critical. Grants to non-profits of up to \$3,000 for help are available.

26. ADJOURNMENT: Mr. Braswell adjourned the meeting at 2:10 pm.

A. Roll Call (Present): Bailey, Braswell, Ballesteros, Broadus, Butler, Chud, DeAugustine, Engeran-Cordova, Goodman, Johnson, Kochems, Land, Liso, O'Brien, O'Malley, Peterson, Simon, Sotomayor, Younai

Commission on HIV Meeting Minutes

October 8, 2009

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MOTION AND VOTING SUMMARY		
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MOTION #4A (Broadus/Page): Call the question.	<i>Passed by Consensus</i>	MOTION PASSED
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